

**STATE OF UTAH - LABOR COMMISSION**  
**Division of Industrial Accidents**  
**160 East 300 South, 3rd Floor**  
**P.O. Box 146610**  
**Salt Lake City, UT 84114-6610**  
**(801) 530-6800 1(800) 530-5090 Fax Number (801) 530-6804**

**AUTHORIZATION TO RELEASE INDUSTRIAL ACCIDENT DIVISION RECORDS**

I hereby authorize and request that you release all records pertaining to my industrial injury(s) or illness(s) in your possession.

I authorize the Industrial Accidents Division to release this information to the requesting party, for the purposes of verifying, evaluating, and managing my industrial claim.

By signing this form the claimant is put on notice that his/her records, including medical records, are being made available to the requesting party. This form complies with the state Government Records Access & Management Act (GRAMA).

Records Requested:

Date of Injury Listed Only ☐ Records for All Injuries (give specific time frame) \_\_\_\_\_

**PHOTOCOPIES OF THIS AUTHORIZATION ARE AS VALID AS THE ORIGINAL.**

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

**NOTARY PUBLIC**

\_\_\_\_\_  
Claimant's Name (Printed)

Residing at: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

My Commission Expires:

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Injury/Occupational Disease

**THIS IS NOT A RELEASE OF CLAIM FOR DAMAGES**  
Requester's Name \_\_\_\_\_ Signature \_\_\_\_\_  
(print)

**Mail Records To** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City/ State/ Zip** \_\_\_\_\_  
**Telephone Number** \_\_\_\_\_

**The Industrial Accidents charge for the search of these records is \$15.00 plus \$.50 per copy of any records copied.**